

**Application Data Sheet**  
**Under 37 C.F.R. § 1.76**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: SYSTEM AND METHOD FOR TELECENTRIC  
PROJECTION LENSES

Attorney Docket Number:: QVIS-01074US3

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** CA  
**Status::** Full Capacity

**Given Name::** Biljana  
**Middle Name::**  
**Family Name::** Tadic-Galeb  
**Name Suffix::**  
**City of Residence::** Thousand Oaks  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 283 Marjori Ave.  
**City of mailing address::** Thousand Oaks  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 91320

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Robert  
**Middle Name::** E.  
**Family Name::** Fischer  
**Name Suffix::**  
**City of Residence::** Westlake Village  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 5717 Stone Mtn. Lane  
**City of mailing address::** Westlake Village

**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 91362

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Larry  
**Middle Name::** D.  
**Family Name::** Owen  
**Name Suffix::**  
**City of Residence::** Phoenix  
**State or Province of Residence::** AZ  
**Country of Residence::** US  
**Street of mailing address::** 246 East Voltaire Avenue  
**City of mailing address::** Phoenix  
**State or Province of mailing address::** AZ  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 85022

## **Correspondence Information**

**Correspondence Customer Number ::** 23910

**Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

Postal or Zip Code of mailing address::

Phone number:: 415-362-3800  
Fax Number: 415-362-2928  
E-Mail address:: officeactions@fdml.com

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/463,949	04/18/03
	An application claiming the benefit under 35 U.S.C. 119(e)	60/518,254	11/7/03
	An application claiming the benefit under 35 U.S.C. 119(e)	60/518,108	11/7/03

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: QUANTUM VISION, INC.  
Street of mailing address:: 686 West Maude Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94085